

**MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
						IND.	DEP.	IND.	DEP.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
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48									
49									
50									
TOTAL IND.	3								
TOTAL DEP.	18								
TOTAL CLAIMS	21								

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APPLICANT(S)

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
						IND.	DEP.	IND.	DEP.
51									
52									
53									
54									
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99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									